



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
DEPARTMENT OF STATE

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: WWW.DPR.DELAWARE.GOV

DIVISION OF PROFESSIONAL REGULATION

COMMITTEE OF DIETETICS/NUTRITION APPLICANT INSTRUCTIONS

Requirements for All Applicants:

- Completed, signed and notarized application form
- Non-refundable pro-rated fee by check or money order made payable to "State of Delaware." See Fee Schedule on the Committee's website at www.dpr.delaware.gov.
- Provide the following information required by the Option under which you seek certification:

Option A:

- Provide letter of good standing and a copy of current registration card with the Commission on Dietetic Registration. (www.cdrnet.org).

Option B:

- Provide letter of good standing and a copy of current certification card with the American Board of Nutrition www.uab.edu/nusc/abn **OR** the Certification Board for Nutrition Specialists www.cert-nutrition.org.

Option C:

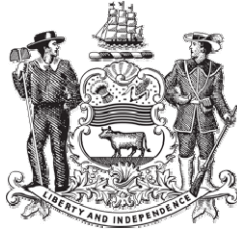
- Individuals with Masters or Doctorate degrees must provide a transcript(s) with majors in nutrition, nutritional education, nutritional science or a major closely related to human nutrition. All transcripts must be sent directly to the Committee office by the institution/college.

Option D:

- Provide transcripts forwarded directly from the issuing college or university showing completion of a baccalaureate degree or higher in a major in human nutrition, food and nutrition, public health nutrition, dietetics, or food management,
- Provide evidence of successfully passing the registration examination administered by the Commission on Dietetic Registration of the American Dietetic Association (www.cdrnet.org) or another national examination acceptable to the Committee,
- Provide evidence of completion of 900 hours of continuous pre-professional experience **OR** not less than 3 years of work experience in the last 10 years under the supervision of a qualified supervisor.

Applicants seeking certification or designation by reciprocity:

In addition to the requirements above, licensure by reciprocity will be granted for registered, certified or licensed dietitians or nutritionists from other states **only where** the standards for registration, certification and/or licensure in that state are reasonably equivalent to those of Delaware.



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**COMMITTEE OF DIETETICS/NUTRITION
APPLICATION FOR CERTIFICATION AS A DIETITIAN/NUTRITIONIST**

PERSONAL INFORMATION

Full Name (Please print or type): _____

Last

First

Middle Initial

Mailing Address: _____

Street

City

State

Zip Code

Street Address (if different from mailing address above): _____

Street

City

State

Zip Code

Home Phone: _____ Office Phone: _____ Email: _____

Social Security Number: _____

CERTIFICATION INFORMATION

You must respond to each of questions 1-9 and complete the Statement of Eligibility and the Notarized Statement at the end of the application. Failure to do so may delay consideration or approval of your application.

1. Are you a registered dietitian with the Commission on Dietetic Registration (CDR)?

Yes ____ No _____. If yes, provide your CDR Number here: _____

If you answered yes, and you are applying for certification on this basis, please provide the following information:

- a photo copy of current CDR registration card and
- an original letter of good standing/verification to be sent directly from CDR to the Committee office.

2. Are you a certified nutrition specialist with the American Board of Nutrition (ABN)?

Yes ____ No _____. If yes, provide your ABN Number here: _____

If you answered yes, and you are applying for certification on this basis, please provide the following information:

- evidence of current certification and
- an original letter of good standing/verification to be sent directly from ABN to the Committee office.

3. Are you a certified nutrition specialist with the Certification Board for Nutrition Specialists?
Yes_____No_____. If yes, fill in your CBNS Number here: _____
If you answered yes, and you are applying for certification on this basis, please provide the following information:
- evidence of current certification, and
 - original letter of good standing/verification to be sent directly from CBNS to the Committee office.
4. Are you submitting your application on the basis of a masters or doctorate degree? Yes_____No_____
If you answered yes, and you are applying for certification on this basis, please provide the following information.
- completed Post-Secondary Education Table, provided at the end of this application form, and
 - original transcript sent directly from the college or university to the Committee office.
5. Are you submitting your application on the basis that you hold a masters or doctorate degree?
Yes_____No_____. If you are applying for certification on this basis, please provide the following *completed* documents:
- Post Secondary Education Table, provided at the end of this application form,
 - Employment Information Table, provided at the end of this application form, and
 - Experience Assessment form available at www.dpr.delaware.gov.
6. Have you ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or any other criminal offense, including any for which you have received a pardon, in any jurisdiction? Yes_____No_____ **If yes, submit a certified copy of your criminal history record.**
7. Has your license, certification or registration as a Dietitian/Nutritionist been suspended or revoked?
Yes_____No_____ **If yes, submit a certified record of the underlying grounds for the action.**
8. Has any disciplinary action against your license, certification or registration been taken by the appropriate licensing authority in any other jurisdiction or are any disciplinary actions pending against you in any other jurisdiction? Yes_____No_____ **If yes, have the authority that took the action send a certified record of the underlying grounds for the action to the Committee.**
9. Complete the following table or tables as specified by Questions 4 and 5 above:

POST SECONDARY EDUCATION TABLE

Institution	Address	Major	Degree	Dates Attended	
				From Mo/Yr To	Mo/Yr

--	--	--	--	--

EMPLOYMENT INFORMATION RELATED SPECIFIC TO THIS APPLICATION

Name and Location of Facility	Job Title	Dates	
		From Month/Yr	To Month/Yr

In order to be considered at a Committee meeting, certification applications must be complete two full business days before the meeting. A complete application is one that includes all required documentation and correct payment. Applications that are not complete within six (6) months of filing may be considered abandoned and discarded. The Committee office will attempt to notify you before disposing of an abandoned application. When your application is complete, please allow 8-12 weeks to receive your license.

AFFADAVIT

I certify that the information provided by me on the application for certification as a Dietitian/Nutritionist submitted to the State of Delaware is true and complete. I understand that the intentional inclusion of false or fraudulent information in this application, or the material omission of information may result in the denial of Certification and will be reported to the Attorney General for further action.

(Name in Full)
Applicant Signature Date

NOTARIZED STATEMENT OF APPLICANT MUST BE COMPLETED BEFORE THIS FORM IS SUBMITTED TO THE BOARD OFFICE.

NOTARIZED STATEMENT

County of _____
State of _____ in _____ in said county on this
_____ day of _____ 20____, _____
personally appeared before me, has been duly sworn, deposes, and says that he/she has read carefully and truthfully answered the questions.

My Commission Expires _____

Notary Public